

# Utah Assistive Technology Foundation Grant Application

Referred by: \_\_\_\_\_

1. Applicant's Name \_\_\_\_\_

2. Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

3. Person w/disability if different than applicant \_\_\_\_\_

Date of Birth \_\_\_\_\_

Type of Disability \_\_\_\_\_

4. Source of Income \_\_\_\_\_ Gross Income per Month

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total Gross Monthly Income \$ \_\_\_\_\_

5. How many family members live in your home? \_\_\_\_\_

6. Do you have insurance, Medicaid or Medicare? If yes, list \_\_\_\_\_

7. If you have Medicaid or Medicare, have you applied for funding for this device? \_\_\_\_\_

8. Do you have assets other than a home or car? \_\_\_\_\_

If yes, please list \_\_\_\_\_

\_\_\_\_\_

I verify that all of the above information is accurate to the best of my knowledge:

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## Utah Assistive Technology Foundation Grant Application – Part Two

Please provide the following information about the equipment or device(s) for which you are requesting a grant, including the name and address of the supplier.

### **Equipment/Supplier**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Equipment/Device (be specific) \_\_\_\_\_

\_\_\_\_\_

Total Amount of Equipment/Device \$ \_\_\_\_\_

**NOTE: If a grant is approved, the check will be made payable to both the applicant and provider/vendor.**

**Please send an invoice from the vendor with make/model of the device, price including sales tax, shipping and handling.**